I. INTRODUCTION

A. Purpose

The California Department of Health Services, Tobacco Control Section (CDHS/TCS) is seeking a contractor to conduct a survey that studies the behaviors, attitudes, and knowledge related to tobacco use among American Indian and Alaskan Native (AI/AN) adults (18 years-old or older) residing in rural areas of California. A maximum of $750,000 is estimated to be available for this study for a two-year period. This RFP encourages the use of scientific and creative data collection methodologies to provide accurate and culturally sensitive measures. The results of the survey will provide CDHS/TCS, AI/AN health organizations, and other stakeholders with unprecedented information for the purpose of program planning in tobacco control. The survey also contributes to the California Tobacco Control Program's (CTCP) comprehensive evaluation requirements.

Successful applicants must be able to take culture, language, geographic, and socio-economic characteristics of the AI/AN populations into consideration in order to achieve a representative and valid statewide estimate. Thus, the study will require documented cultural competency in working with AI/AN communities.

CDHS/TCS intends to award a single contract to the most qualified applicant who can demonstrate that they can meet the provisions of this RFP.

B. Background

Tobacco use is the single most preventable cause of illness, disability, and premature death today in the United States (U.S.) and California. In California, more than 43,000 people die each year from tobacco-related diseases, and tobacco use is linked to more than $15.8 billion a year in health-related costs and loss of productivity. In November 1988, California voters approved Proposition (Prop) 99, the Tobacco Tax and Health Protection Act of 1988, which added a 25-cent tax to each pack of cigarettes and a proportional amount to other tobacco products sold in the state. These additional tobacco taxes were earmarked for tobacco-related research, health education, health care, and environmental conservation.

Since the passage of Prop 99, per capita cigarette consumption in California has declined by nearly 60 percent (56.9 percent) and the adult smoking prevalence has declined by one third (33.6 percent). In 2005, the adult smoking prevalence was at the historic low of 14.0 percent, as measured by Behavioral Risk Factor Surveillance System (BRFSS) and California Adult Tobacco Survey (CATS) combined data.

While California has experienced numerous successes and has had a strong surveillance system as part of the statewide evaluation effort, there is a lack of representative information on tobacco use behaviors and attitudes among the AI/AN populations in California.

California has the largest AI/AN population in the country. The 2000 Census reported that more than 600,000 AI/AN individuals (627,562) live in California, representing nearly 2 percent of the total population (1.9 percent). Among them, 333,346 individuals reported AI or AN as their sole race (AI/AN alone); and the others reported they were AI or AN and one or more other races. AI/AN is also a fast growing population. The population size estimated in the 2000 Census by the definition of "AI/AN alone" was 38 percent larger than the population size estimated in 1990. This increase outpaced the growth of 14 percent of California's general population during the same decade.

The AI/AN population in California is comprised of members of 107 indigenous California tribes, which represent about 20 percent of the tribal groups in the United States, as well as members of tribes from the rest of the United States. There is lack of consensus on how many AI/AN individuals in California live on tribal lands. The population that live in rural areas is also difficult to define. For example, two Census-based definitions: 1) Census-track definition and 2) non-urban county definition, yield significantly different counts of the rural AI/AN population.

Census-track definition: The Census-track definition of "rural/urban" is based on the population density in census tracks. Using this definition, 13 percent of AI/AN households, or 44,376 individuals were located in rural California, if the AI/AN population is categorized by "AI/AN alone." When the population is defined with "AI/AN alone or in combination with one or more other races," the percentage of rural AI/AN households is 11 percent (equivalent to 66,960 individuals).

Non-urban county definition: One can also define rural/urban counties in California by using population density in each individual counties. California Rural Indian Health Board (CRIHB) researchers analyzed the Census data of the AI/AN population in California's non-urban counties and concluded that about 190,000 AI/AN individuals ("AI/AN alone or in combination with one or more other races") resided in these counties as of 2005.

There are other practical methods to define rural. As an example, about 70,000 AI/AN individuals in 37 non-urban counties participate in California's Tribal Health Programs, which provide health services to rural AI/AN population according to the estimate from CRIHB.

Research on tobacco use among AI/AN at the population level is scarce. A Surgeon General report published in 1998 titled: *Tobacco Use Among U.S. Racial/Ethnic Minority Groups-African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General* cited a study using the 1997 National Health Interview Survey data that reported a 34.1 percent adult cigarette smoking prevalence, the highest among all major racial/ethnic groups in the United States. This finding also holds true for both males and females (37.9 percent and 31.3 percent, respectively).

A report published in the Centers for Disease Control and Prevention (CDC)'s *Morbidity and Mortality Weekly Report (MMWR™)* using combined years (1997-2000) of BRFSS data also showed a high cigarette smoking prevalence among AI/AN population at 32.2 percent. It is notable that cigarette smoking prevalence varies significantly among different regions, ranging from 21.2 percent in the Southwest to 44.1 percent in the Northern Plains. In the Pacific Coast region that includes a California sample, the smoking prevalence was 30.9 percent, with almost identical smoking prevalence for men and women (30.8 percent and 31.3 percent, respectively).

In California, two surveys have provided statewide measures of cigarette smoking behavior for AI/AN. One is the California Tobacco Survey (CTS) that has been conducted every three years since 1990. The screener survey of the CTS has a relatively large sample size for AI/AN, ranging from 720 in 1990 to 1,883 in 1996. However, a large portion of the sample is based on proxy reports from household members. Based on the 2005 CTS, the smoking prevalence for AI/AN was 28.1 percent. AI/AN men had non-significantly higher smoking prevalence than that of women (32.7 percent and 25.6 percent, respectively). More information about CTS is available at: http://ssdc.ucsd.edu/tobacco/. The other survey is the California Health Interview Survey (CHIS), which has been conducted bi-annually since 2001. The most recent estimate for adult smoking prevalence is from the 2003 CHIS survey, which has a sample size of 882 adult AI/AN respondents. Based on this survey, AI/AN adults smoked at a rate of 30.2 percent, with similar smoking prevalence for men and women (31.1 percent and 29.2 percent, respectively). More information about CHIS is available at: http://www.chis.ucla.edu.

Since both the CTS and CHIS are telephone-based surveys, and a majority of AI/AN respondents live in urban areas, it is reasonable to assume these surveys provide appropriate estimates for smoking prevalence among the urban AI/AN population. These surveys show that AI/AN populations have smoking prevalence around 30 percent in general. This is almost twice the prevalence rate of other race/ethnicity groups in California, which is about 15 percent in most of the surveys. On the other hand, the sample size of rural AI/AN population is small in all the existing surveys. AI/AN's in rural areas, especially those that reside on tribal land, may have distinctive tobacco use behavior such as more traditional tobacco use and close association of tobacco with significant events and rituals. The tobacco industry also has a track-record of providing economic support to some ethnic groups including AI/AN populations, which clearly undermines tobacco prevention and control efforts and put rural AI/AN individuals at even higher risks of tobacco use.

Although CTS screener survey and CHIS have provided statewide estimates of cigarette smoking prevalence for AI/AN populations, these surveys do not contain comprehensive tobacco-related information such as behaviors, attitudes, and knowledge towards secondhand smoke (SHS) issues, cessation, media exposure,

and other tobacco product use, let alone traditional and ceremonial tobacco use. This information, to our knowledge, has never been addressed at a state level.

The lack of tobacco use information among rural AI/AN in California is an obvious gap that needs to be addressed. This type of information is critical for CDHS/TCS and TCS-funded AI/AN-focused projects to plan and provide services for this priority population in tobacco control. A study with a representative rural AI/AN sample and questions tailored to address the cultural sensitivities of AI/AN tobacco use practices must be undertaken. To improve program efforts to promote the change of social norms related to commercial tobacco use and to counter the influence of the tobacco industry in rural AI/AN populations.

B. **History**

Both CDHS/TCS and public health agencies at federal level recognize the aforementioned gap of tobacco use information among AI/AN. As early as 1991, a project funded by the National Cancer Institute (NCI) and carried out by the Center for American Indian Research and Education collected tobacco use information in 18 Northern California American Indian clinics. In 2002, CDC, Office of Smoking and Health (OSH) funded five Tribal Support Centers to develop and conduct an American Indian Adult Tobacco Survey (AI ATS). The projects produced a questionnaire with some key tobacco-related items appropriate to AI/AN following focus group discussions. Pilot testing and cognitive testing were carried out using the developed questionnaire. In 2005, the Office of Management and Budget granted funding to CDC and Tribal Support Centers to conduct AI ATS in 11 tribes.

In 2002, CDHS/TCS issued a Request for Application 02-100 titled *Special Population Tobacco Use Studies* to seek contractors to conduct tobacco use surveys for several priority populations including AI/AN. No applicants were funded.